

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p style="text-align: center;">12M2/0916</p> <p>FITZPATRICK CELLA HARPER AND SCINTO 277 PARK AVENUE NEW YORK NY 10172</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT
06/471,200	06/06/96	060	JORDAN, K
First Named Applicant		1205 09/16/96	

TITLE OF INVENTION
BREIVIK, HARALD

FATTY ACID COMPOSITION

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	1526.100B	514	560.000	E19	UTILITY	NO	\$1250.00
12/16/96							

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
1 <u>FITZPATRICK,</u> 2 <u>CELLA, HARPER</u> 3 <u>& SCINTO</u>	

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(1) NAME OF ASSIGNEE: Norsk Hydro a.s		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>06-1205</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>Ten (10)</u> <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS: (CITY & STATE OR COUNTRY) OSLO, Norway		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	

A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		(Date) <u>09/23/96</u>
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Anne M. Maher</u>		
Registration No. <u>38-231</u>		
NOTE: THE ISSUE FEE WILL NOT BE ACCEPTED FROM ANYONE OTHER THAN THE APPLICANT; A REGISTERED ATTORNEY OR AGENT; OR THE ASSIGNEE OR OTHER PARTY IN INTEREST AS SHOWN BY THE RECORDS OF THE PATENT AND TRADEMARK OFFICE.		

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

ART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

12M2/0916
 FITZPATRICK CELLA HARPER AND SCINTO
 277 PARK AVENUE
 NEW YORK NY 10172

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
1526.1003	06/06/96	063	JORDAN, K 1205	09/16/96
First Named Applicant	BRETVIK,	HARALD		
TITLE OF INVENTION	FATTY ACID COMPOSITION			
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY
1526.1003	5174-566.000			\$1250.00
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1526.1003 C 2
 ✓ JWS
 12/10/96

2a. The following fees are enclosed:	<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> Advance Order - # of Copies	09/18 7/6/96
2b. The following fees should be charged to:	DEPOSIT ACCOUNT NUMBER		
	<input type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advance Order - # of Copies	Ten (10)
	<input type="checkbox"/> Any Deficiencies in Enclosed Fees		
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.			
(Authorized Signature)			
<i>Anne M. Maher</i> 09/23/96			
Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

TRANSMIT TO THE STANDING PARTY B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

Assistant Commissioner for Patents
Washington, D.C. 20231

Date 09, 23, 96
Mo. Q6 Day 10 Yr. 96
Atty. Docket Q6.100B
Application No. 08 471, 201

Sir:

Kindly acknowledge receipt of the accompanying:

Response to Official Action. _____

Check for \$ _____ (claims fee)

Petition under 37 CFR 1.136 and Check for \$ _____

Notice of Appeal and Check for \$ _____

Information Disclosure Statement, PTO-1449 and _____ documents

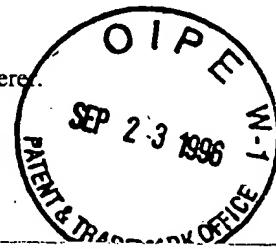
Claim for priority and certified copies of 1250.50 priority applications

Issue fee transmittal and Check for \$ 1250.50

Other (specify)

by placing your receiving date stamp hereon and returning to deliverer.

Atty. JWBIAAMM1 *jkf* Due Date 12, 16, 96
Mo. Day Yr.



[] File Copy

[] Date Received

Assistant Commissioner for Patents
Washington, D.C. 20231

Date 02/28/97
Mo. Day Yr.
Atty. Docket 1526-100B
Application No. 08/471200

Sirs:

Kindly acknowledge receipt of the accompanying:

Response to Official Action.

Check for \$ _____ (claims fee)

Petition under 37 CFR 1.136 and Check for \$ _____

Notice of Appeal and Check for \$ _____

Information Disclosure Statement, PTO-1449 and _____ documents

Claim for priority and certified copies of _____ priority applications

Issue fee transmittal and Check for \$ _____

Other (specify) Status Inquiry and copies of Sept. 23, 1996
by placing your receiving date stamp hereon and returning to deliverer. Filing.

Atty. Jwb/AMM/gmc Due Date NOV 2 1997
Mo. Day Yr.

